

**South Dakota
Department of Health**

WIC Program



**Annual Report
Federal Fiscal Year 2008**

Table of Contents

WIC Overview	2
South Dakota State Plan Goals	5
Program Accomplishments	6
WIC Income Guidelines	7
WIC Closeout Expenditures	8
South Dakota WIC Expenditures	10
Nutrition Education.....	11
Breastfeeding Education.....	12
WIC Clinic Sites	13
WIC Caseload.....	14
Racial and Ethnic Characteristics	16
Average Monthly Participation and Number of Retailers.....	20
Annual Redeemed Amounts and Number of Retailers	21
Food Packages.....	22
Approximate Quantities of WIC Food Purchased.....	25
Annual WIC Participant Survey Results.....	26

OVERVIEW OF THE WIC PROGRAM

The Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC, is a nutrition program for pregnant, postpartum, and breastfeeding women, infants, and children up to age five, who have been determined to be at nutritional risk, meet income eligibility and reside within South Dakota.

MISSION

WIC's mission is to promote and maintain the health and well-being of nutritionally at-risk women, infants and young children by providing comprehensive nutrition services including supplemental foods and nutrition education and access/referral to other health services. The Program serves as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health and nutrition problems including drugs and other harmful substance abuse, to improve pregnancy outcomes, to reduce infant mortality, and to improve the health status of all program participants.

HISTORY

The WIC Program began in the U.S. in 1972, when Congress saw substantial numbers of pregnant, post-partum, and breastfeeding women, infants, and young children with inadequate income that were at risk both physically and mentally health by reason of inadequate nutrition or health care or both. Since its inception, WIC has been envisioned to be a preventive program whose goal is to reduce and improve nutrition-related health problems.

The first WIC services to be provided in South Dakota were in 1974. Currently there are 63 Local Agencies and 19 clinic sites throughout the state.

ADMINISTRATION/FUNDING

WIC is implemented and funded by the United States Department of Agriculture under Public Law 95-627, Child Nutrition Amendments of 1996 and P.L. 104-98, Section 17 of the Child Nutrition Act of 1966. Final regulations were issued in July 1988 with consolidation of WIC Regulations published in the Federal Register, Part 7 CFR 246, January 2002.

The South Dakota Department of Health is the State Agency which administers the WIC Program. It has responsibility for all aspects of management, fiscal and operational requirements of the program in accordance with federal regulations and instructions.

Funds for food and administrative costs are transferred from USDA, Food and Nutrition Service (FNS), to the State Agency, which in South Dakota is the State Department of Health, Health and Medical Services – WIC Program.

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program.

THE PROGRAM PROVIDES

Selected foods are provided to supplement diets lacking in nutrients needed during infants and children's critical time of growth and development. Nutrition education and counseling is provided to improve eating behaviors and to promote sound food buying habits and access to preventive health and social programs and referral to health providers.

ELIGIBILITY

Women

Pregnant (during pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy)

Postpartum (up to six months after the birth of the infant or the end of the pregnancy):

Breastfeeding (up to the infant's first birthday)

Infants

Up to age one

Children

Up to the child's fifth birthday

Residential

Applicants must live in the State in which they apply.

Income

Applicants must have income at or below 185% of poverty level. Applicants who meet the criteria and are on Medicaid, Food Stamps or Temporary Assistance for Needy Families (TANF) automatically meet income guidelines.

Nutrition Risk

Applicants must be seen by a WIC Program health professional who determines whether the individual is at nutritional risk. "Nutrition Risk" means that an individual has medical-based or dietary-based conditions. At a minimum the applicant's height and weight must be measured and blood work taken to check for anemia.

BENEFITS

WIC is considered to be one of the most successful of all public health programs. The benefits of WIC participation have been documented in numerous studies. Not only does WIC improve the health of mothers and babies it serves, but also reduces health care costs. Some of the effects of WIC that national research finds:

- WIC has been recognized for its success in improving birth outcomes. It has been one of the most respected programs nationally in making a difference in the lives of people.
- Every dollar invested in WIC for pregnant women, produces Medicaid savings for newborns and their mothers.
- Prenatal WIC participation reduces the likelihood of infant death and reduces Medicaid costs.
- WIC decreases the risk of low birth weight babies and reduces medical costs for very low birth weight births.
- WIC motivates women to seek prenatal care earlier in their pregnancies.
- WIC has had a major impact on reducing anemia among children.

- WIC significantly increases the head size of infants whose mothers received WIC services during their pregnancy.
- Children who participate in WIC appear to be better prepared for school, including having higher vocabulary test scores.
- Children who participate in WIC are better immunized.
- WIC has been recognized for reducing infant mortality in the U.S.

THREE-PART SERVICE DELIVERY

Nutrition Education and Counseling

Nutrition education and counseling is intended to foster long-term use of nutritious foods and encourage positive nutrition and health habits following participation in the program. The goal of nutrition education is to achieve positive changes in participant knowledge, attitude and behavior about food consumption. Nutrition education is designed to show the relevancy of the nutrition education received and why a nutritional risk is assigned when determining eligibility for the Program. Nutrition education emphasizes the relationship between proper nutrition and good health, to assure positive changes in food habits, promote breastfeeding and provide support to pregnant women and new mothers. All education is provided in the context of the participant's ethnic, cultural and geographic preferences and with consideration of educational limitations. Individual nutrition care plans are developed by every participant. Participants are certified for 6 months or through pregnancy and scheduled for counseling appointments by a nutrition staff person during that period of time.

Supplemental Nutritious Foods

Foods are intended to supplement the foods normally purchased by participants through other means such as family income or benefits received from other programs. WIC authorized foods that contain nutrients determined to be beneficial for the eligible persons and are high in protein, iron, calcium, and vitamins A and C. Food packages are individually prescribed to each participant. Food packages contain items such as cereal, juice, milk, cheese, eggs, peanut butter, dried beans/peas, infant formula and infant cereal and juice. Certain breastfeeding women may also receive tuna and carrots. Participants come to the WIC Office monthly or every other month to pick up food checks and receive nutrition education. Participants take the food checks to pre-approved local retail grocery stores and exchange the food checks for the foods listed specifically on the food checks. No cash is exchanged at the grocery store. In turn, the retailers are reimbursed by the State WIC Agency.

Linkages/Referrals

WIC often serves as the bridge that links participants to preventive health care and an entry point into the public and private health care system. WIC facilitates referrals, coordinates activities and links participants with services such as physician and other health care services, alcohol and drug abuse treatment, well-baby care, immunizations, family health, family planning and social services programs. Referral to these services is an important part of WIC. Immunizations are given to WIC participants. WIC also gathers a wide variety of health data that can be shared with other health care providers if agreed to be released by the participant.

WIC STATE PLAN

The State Agency annually submits a State Plan with goals and objectives that describe the manner in which the State Agency implements and operates all aspects of program operations, administration and service delivery. The WIC Policy and Procedure Manual is part of the State Plan requirements. Suggestions for improvement in the methods of operation and program requirements are shared with WIC Program staff on a routine basis.

SOUTH DAKOTA STATE PLAN GOALS

Federal Fiscal Year (FFY) 2008

VENDOR MANAGEMENT

To detect, control and minimize improper retailer practices and improve program review of retailer practices.

NUTRITION SERVICES

To expand and improve the quality of nutrition education to meet the specific nutritional needs of individual participants and special populations.

MANAGEMENT INFORMATION SERVICES

To ensure appropriate management information systems are in place for collection and reporting of data and program operations to satisfy federal reporting requirements, to improve the administration of the program at both the state and local level and to increase the operational efficiency of the program.

STAFFING AND ORGANIZATION

To assure a functional organization and adequate resources to carryout program operations and deliver services to the WIC population.

STATE OFFICE AND LOCAL AGENCY STAFF TRAINING

To ensure comprehensive training availability for all staff associated with the delivery of WIC services.

NUTRITION SERVICES AND ADMINISTRATION EXPENDITURES

To maintain integrity in the management of nutrition services and administrative (NSA) funds and allocation of WIC resources.

FOOD FUNDS MANAGEMENT

To maintain integrity of management of food funds within budget allotments and to enhance quality assurance and compliance of policies in the food delivery component through proper administration oversight and education to staff and participants and retailers.

CASELOAD MANAGEMENT

To ensure program benefits are provided to eligible persons most in need.

ELIGIBILITY/CERTIFICATION AND COORDINATION OF SERVICES

To assure determination of eligibility and provision of benefits are delivered efficiently, appropriately, and conveniently to the participant and to enhance coordination of activities with other health services.

PROGRAM ACCOMPLISHMENTS

Federal Fiscal Year 2008

During FY 2008, served 246,975 participants, including 65,995 infants, 124,586 children and 56,392 women (pregnant, 25,051; breast-feeding, 12,266; postpartum, 19,077).

Served an average monthly caseload of 20,581 participants, including 5,500 infants, 10,382 children and 4,700 women (pregnant, 2,088; breast-feeding, 1,022; postpartum, 1,590).

Due to infant formula rebates the WIC Program secured more than \$4.5 million dollars to purchase additional food products and breast pumps. The company supplying the standard contract formula issues rebates when contract formula is purchased at full service grocery stores and some pharmacies authorized to accept WIC checks.

During FY2008, WIC issued food checks totaling \$13.2 million which were used to purchase milk, cereal, juice, peanut butter, cheese, eggs, tuna, carrots, dried peas and beans, formula, infant cereal and juice.

Provided breast-feeding support services to approximately 720 pregnant and breastfeeding women in Mitchell, Kyle, Belle Fourche and Huron through the USDA-funded breastfeeding Peer Counseling Programs administered by Growing Up Together. In counties with breastfeeding peer counselors, demonstrated breastfeeding rates 3% above the state average. Achieved steadily increasing rates of infants ever breastfed in these counties through the support and promotion provided by peer counselors.

WIC INCOME GUIDELINES

Federal Fiscal Year 2008

FAMILY SIZE	185% OF FEDERAL POVERTY LEVEL ANNUAL
1	\$19,240
2	\$25,900
3	\$32,560
4	\$39,220
5	\$45,880
6	\$52,540
7	\$59,200
8	\$65,860
9	\$72,520
10	\$79,180
11	\$85,840
12	\$92,500
13	\$99,160
14	\$105,820
15	\$112,480
Each addt'l member	\$ 6,660

WIC CLOSEOUT EXPENDITURES

WIC is federally funded through the US Department of Agriculture. WIC does receive some in-kind contributions from counties, such as, space and staff time. There are several components to the funding allocations. The grant award is distributed to State Agencies according to an allocation formula based on population and participants served. The WIC grant award is in two categories:

1. Nutrition Services and Administration Funds (NSA)
2. Food Funds

Nutrition Services and Administration Funds

WIC must spend no less than 1/6 of the allocated NSA dollars on Nutrition related activities, such as purchase of materials, equipment, interpreter services, evaluating and monitoring of nutrition education, and training costs for staff to conduct nutrition education.

Annually the Regional Office determines a target amount of NSA funds that must be spent on breastfeeding promotion and support.

These funds are to be used for costs associated with the following:

- Delivery of services to the participants
- Breastfeeding promotion and support
- Nutrition education (development of nutrition materials, education to the participants)
- Training
- Program monitoring
- Program integrity (prevention of fraud, general oversight and food instrument accountability)
- Outreach
- Retail Monitoring
- Banking Services
- Management Information System development and maintenance costs

Food Funds

Funds may only be spent for foods provided to the WIC participants.

Breastpumps and supplies for the pumps are considered food supplies and may be purchased with Food funds.

In South Dakota Rebate funds are used to purchase breastfeeding pumps and breastpump aids.

Rebate Funds

South Dakota currently has an agreement with Mead Johnson for rebates on infant formula. These funds are used to supplement our Food funds received and to purchase breastpumps and aids.

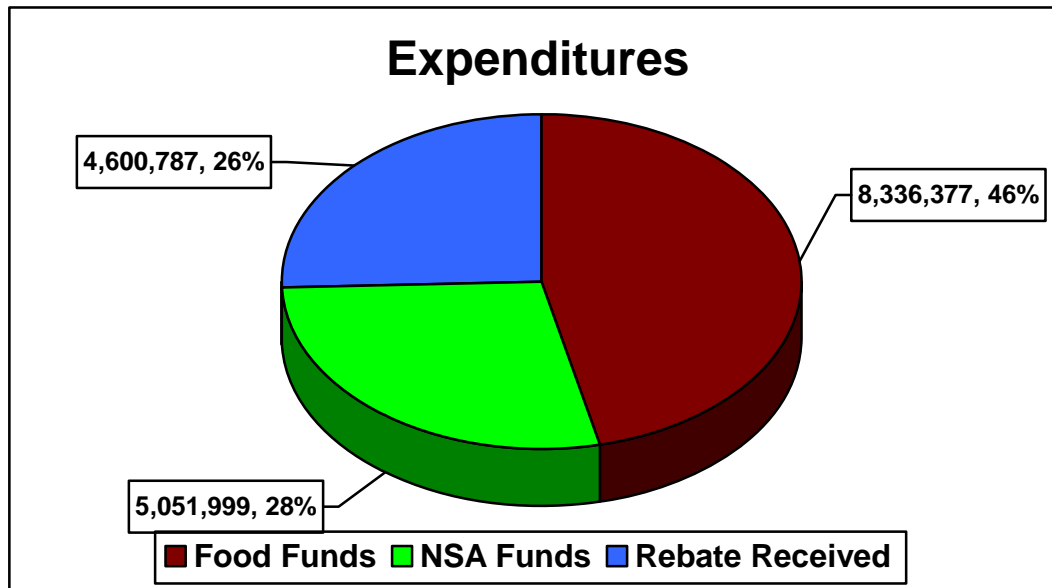
Discretionary Funds

The Regional Office keeps 10% of all NSA dollars at the Regional level on an annual basis. These funds are used to supplement the State WIC Programs that may have needs for additional funding. South Dakota has always requested and received the fair share amount of these funds. When these funds are received they become part of the NSA grant award.

Reallocation Funds

Throughout the year the Regional Office asks each of the States to complete Reallocation Surveys. The surveys determine which states need additional funding. The funds that are collected from these reallocation surveys are then run through the allocation formula and redistributed to the States requesting additional funding to meet caseload needs.

SOUTH DAKOTA WIC EXPENDITURES Federal Fiscal Year 2008



Nutrition Services and Administration Funds (NSA): Participant Services, Nutrition Education, Breastfeeding Promotion and Support, Retailer Monitoring, Equipment and Supplies, Management Information Systems Development and Maintenance, WIC checks and Distribution, Staffing, General Administration.

Food Funds: WIC checks redeemed for food.

Rebate: Rebate from Mead Johnson Nutritionals formula sold to WIC participants, supplements food dollars and used to purchase breastpumps and breastfeeding aids.

NUTRITION EDUCATION

Nutrition Education is the most vital aspect of the WIC Program and the services provided to WIC Participants. This service is made available to all WIC participants at no cost. A minimum of two nutrition education contacts is made available to each participant during a certification period on at least two separate occasions.

Nutrition Education is tailored to meet the needs of the individual participant. It is thoroughly integrated into participant health care plans and used to tailor the supplemental foods offered to the participant to improve the health status of the participants and their families.

- WIC is a short-term intervention program designed to strengthen families by influencing lifetime nutrition and health behaviors in a targeted, high-risk population.
- WIC provides a gateway to good health with its combination of nutrition education, supplemental nutritious foods, breastfeeding support and access/referral to health care.

Nutrition Education is designed to bear a practical relationship to the participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition Education is designed to achieve the following goals:

1. Stress the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants, and children under five (5) years of age.
2. Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status and prevention of nutrition-related problems through optimal use of the supplemental foods and other nutritious foods.

BREASTFEEDING EDUCATION

The South Dakota WIC Program advocates breastfeeding as the ideal method of infant feeding during the first twelve months of life or as long as mutually agreeable between mother and child unless medically contraindicated. Breastmilk is considered the optimum food for infants under most circumstances.

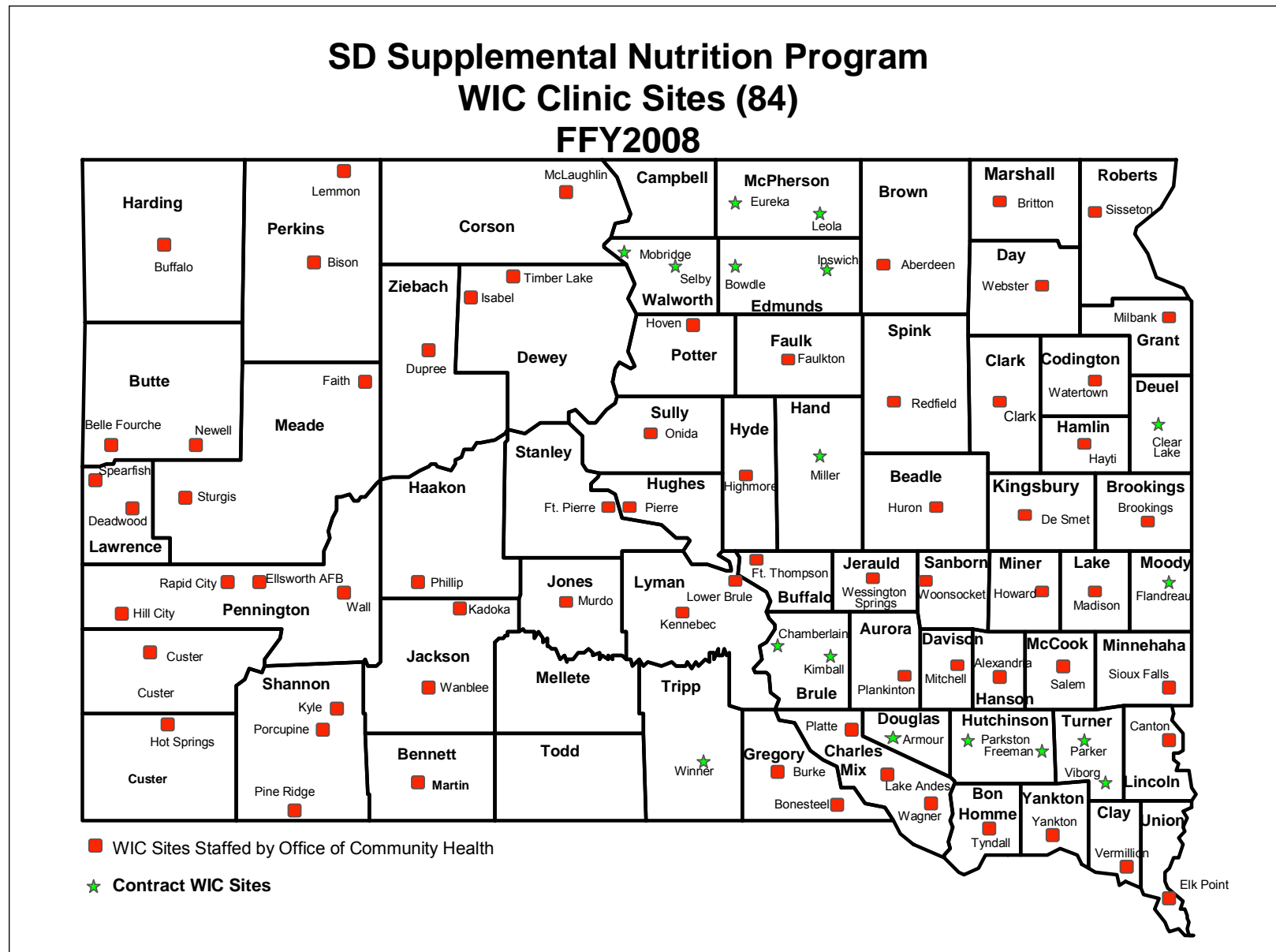
Breastfeeding is promoted in South Dakota in various ways including:

- Nutritional messages and Governors Proclamation during World Breastfeeding Week.
- Coordinated breastfeeding efforts with other service providers and organizations such as Cooperative Extension Services, hospitals, physicians, and other private and public healthcare agencies.
- Coordinate with and participate in activities of the South Dakota Breastfeeding Coalition.
- Provide breastfeeding educational materials to participants and the general public.
- Breastfeeding Peer Counseling Program

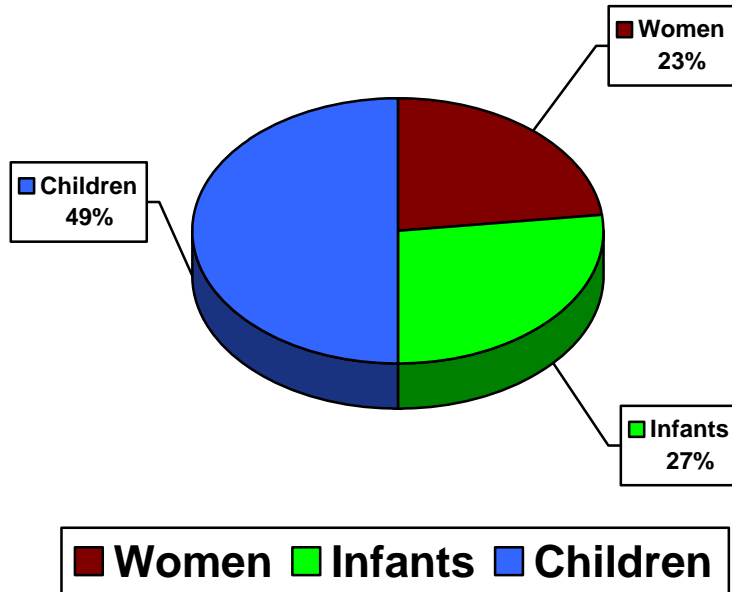
South Dakota has a Breastfeeding Peer Counseling Program that began in 2004. The State receives federal dollars designated for breastfeeding education and promotion. In FFY2008 Breastfeeding Peer Counseling Program operated in 4 counties throughout the State. The counties include Beadle (Huron), Butte (Belle Fourche), Davison (Mitchell) and Shannon (Kyle).

This program provides basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers through individual and group counseling. This program helps promote breastfeeding efforts through participation in community health fairs, Breastfeeding Peer Counseling meetings and word of mouth.

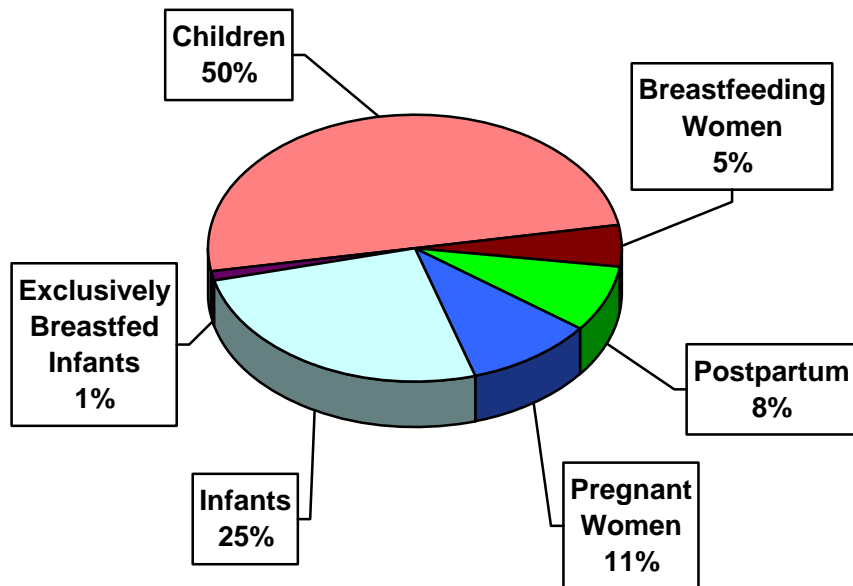
The South Dakota Department of Health, WIC Program operates 84 WIC clinic sites throughout South Dakota. Services are delivered to participants through Community Health Services offices and Public Health Alliance sites. The following map shows the location of the sites and designates which service delivery office staffs (state employees or public health alliance employees) the clinics.



WIC Caseload Federal Fiscal Year 2008

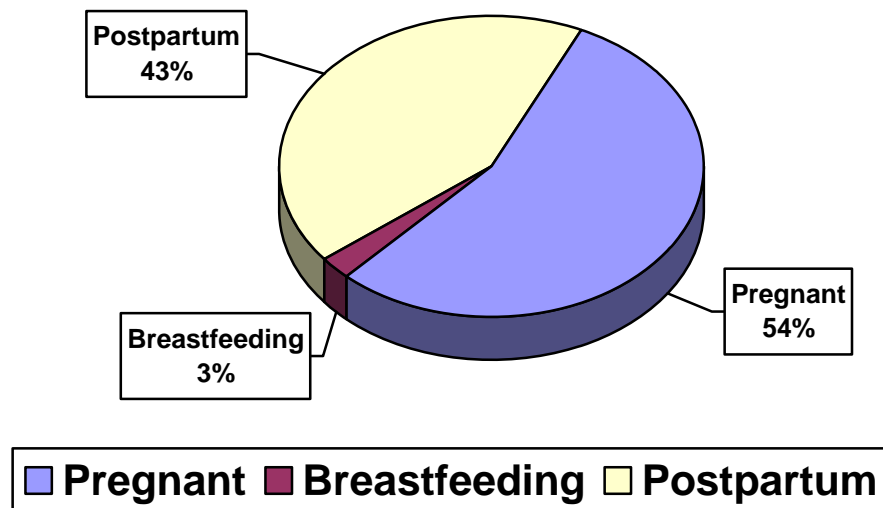


Participant Certification Categories FFY2008

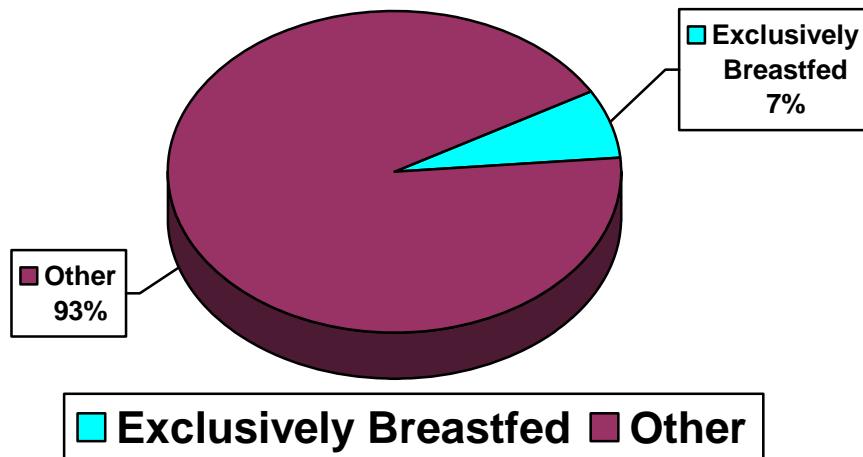


Exclusively Breastfed Infants = total number of breastfed infants divided by total participation

Characteristics of Women FFY2008



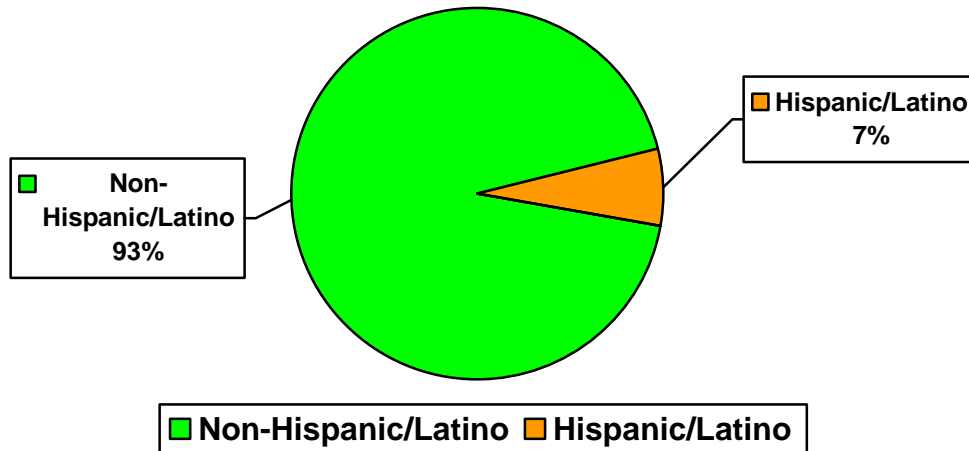
Characteristics of Infants FFY2008



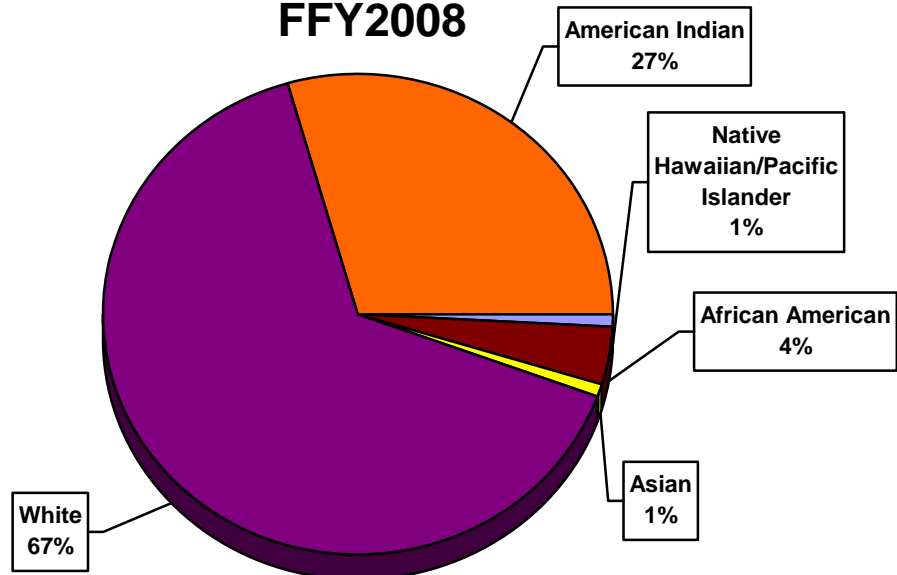
Exclusively Breastfed = total number of breastfed infants divided by total infants

Racial and Ethnic Characteristics Total Caseload

**Participant Ethnicity
FFY2008**

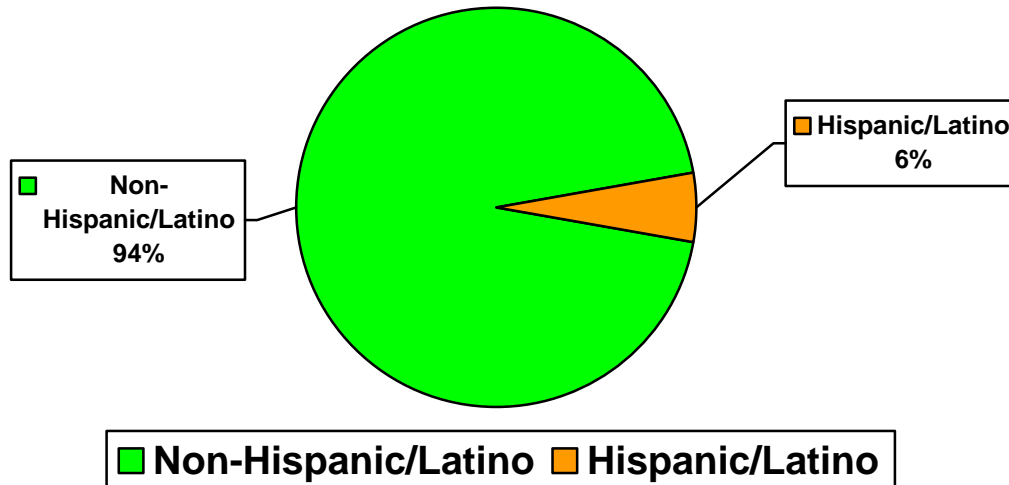


**Participant Racial Characteristics
FFY2008**

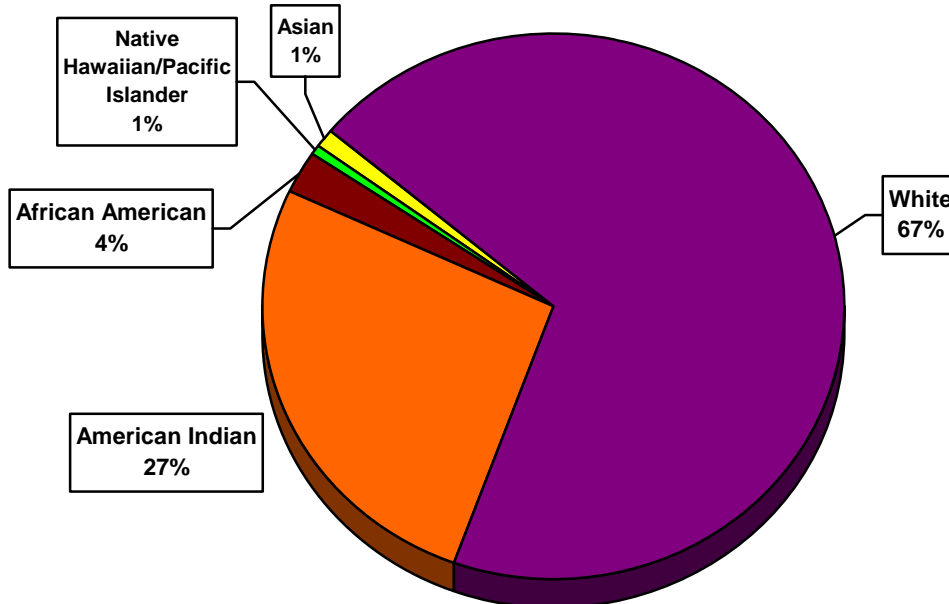


Racial and Ethnic Characteristics of Women

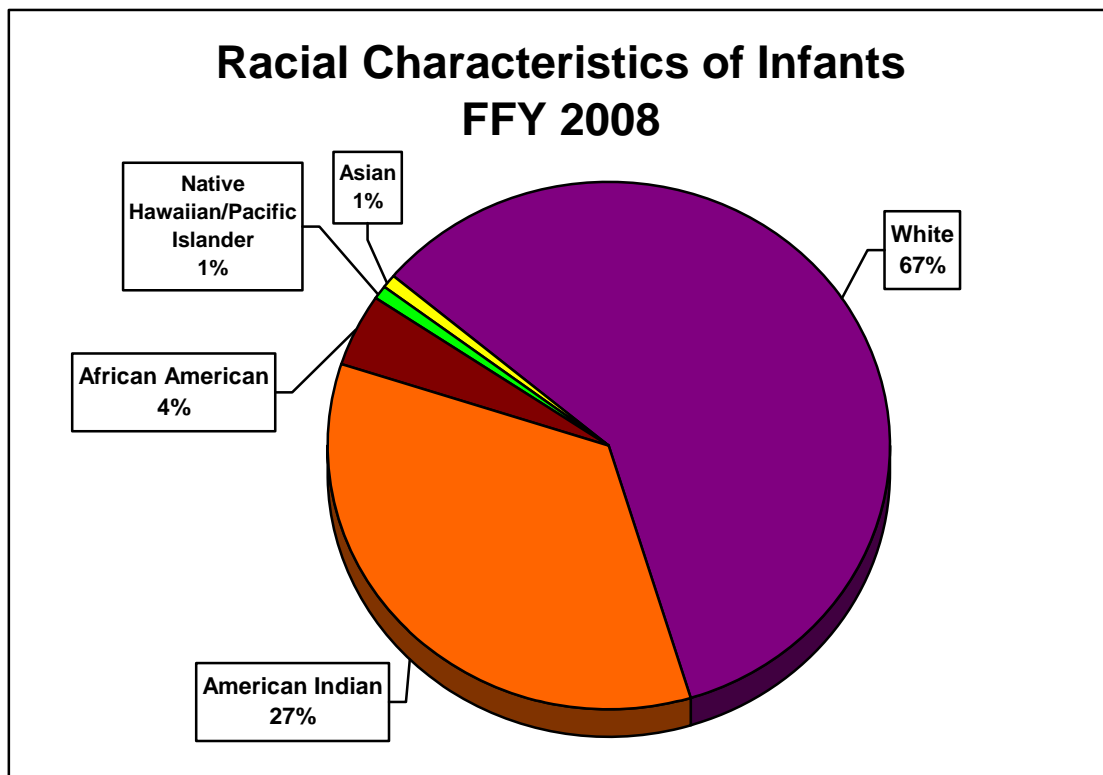
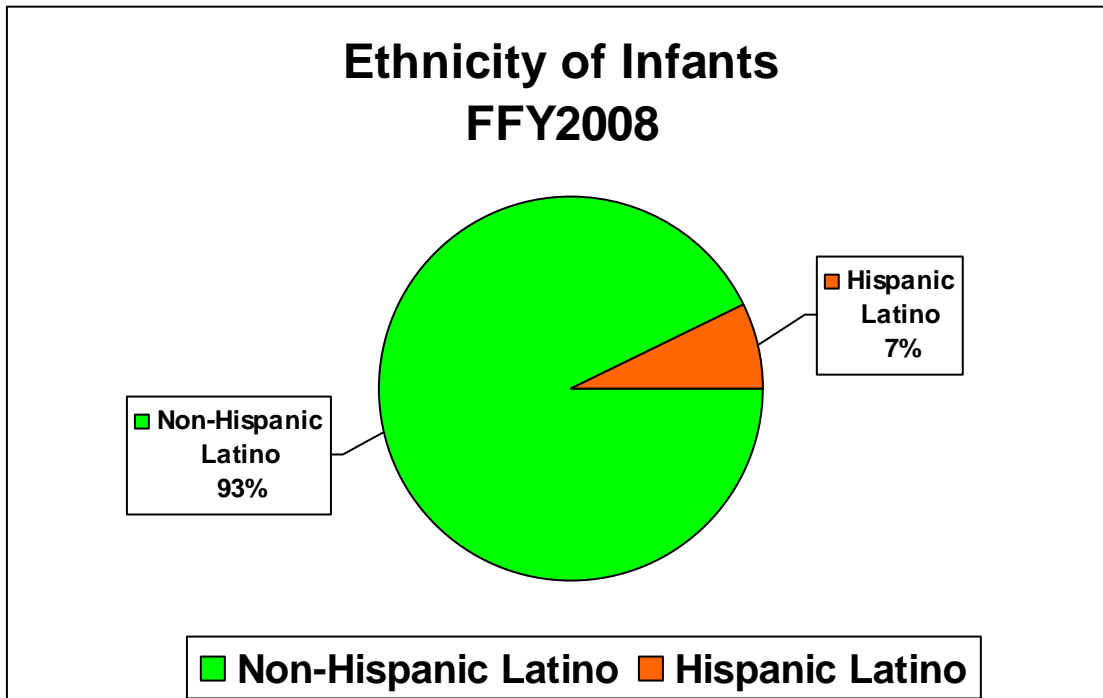
**Ethnicity of Women
FFY2008**



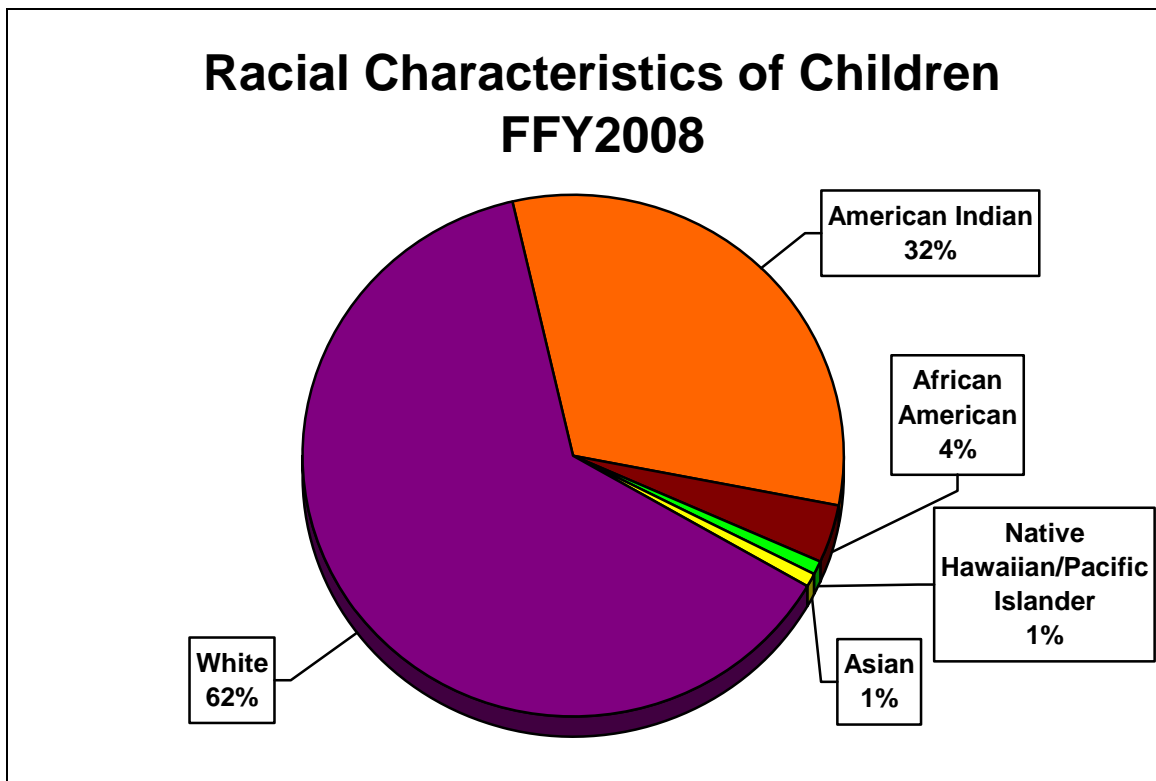
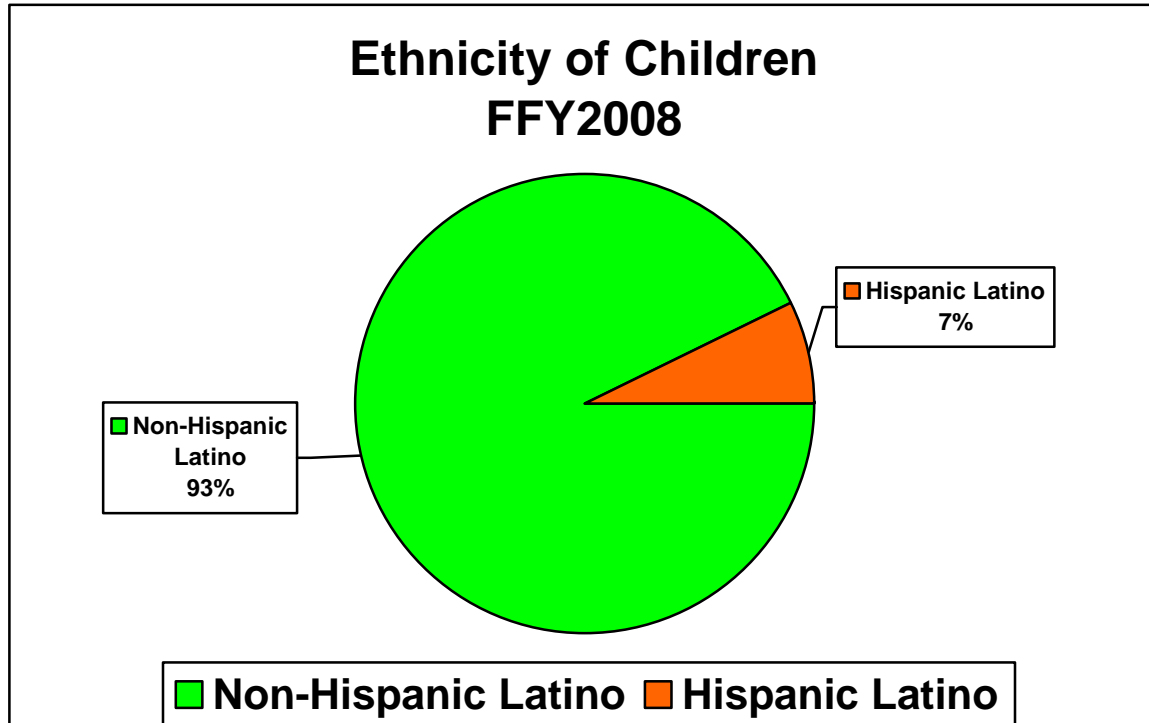
**Racial Characteristics of Women
FFY 2008**



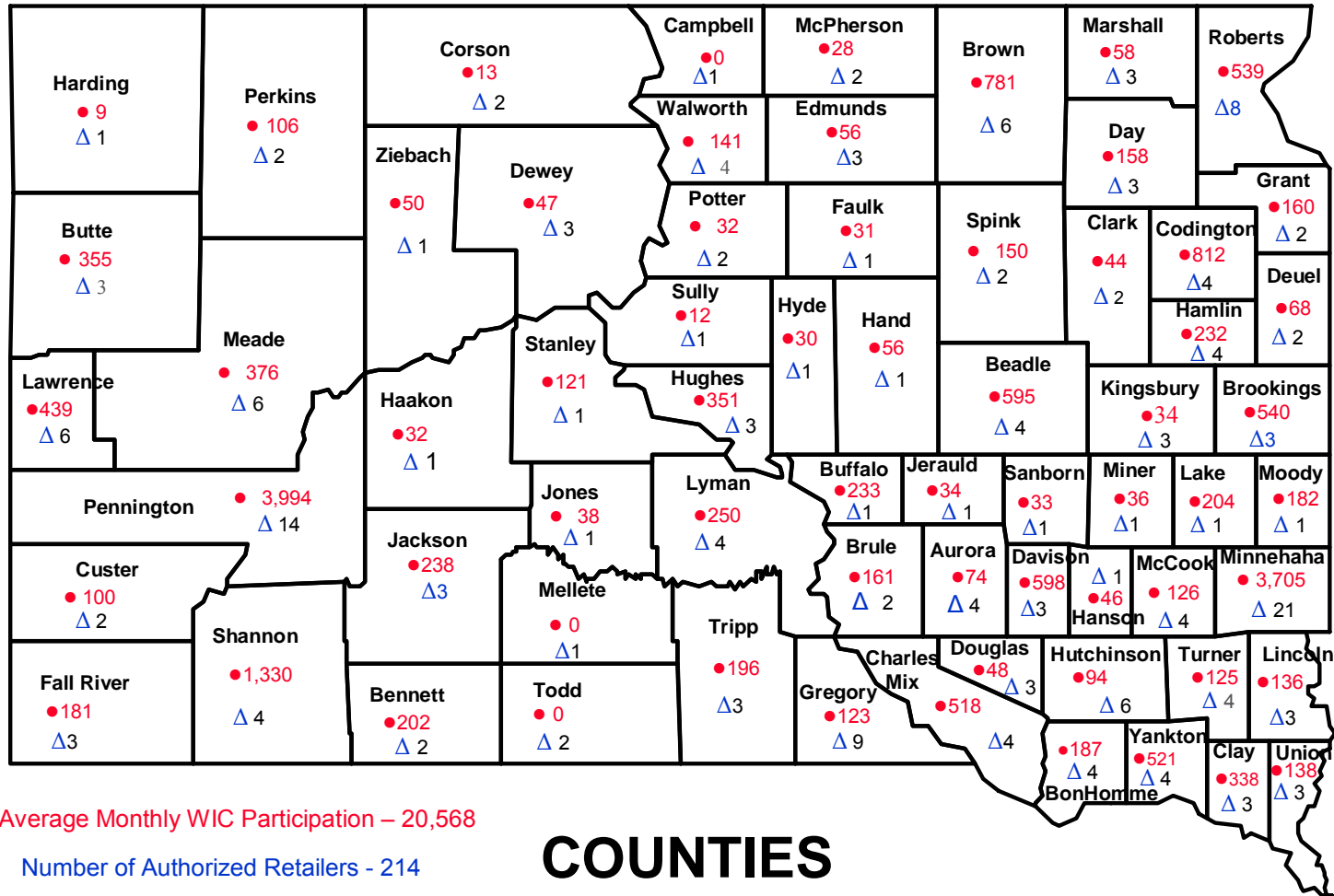
Racial and Ethnic Characteristics of Infants



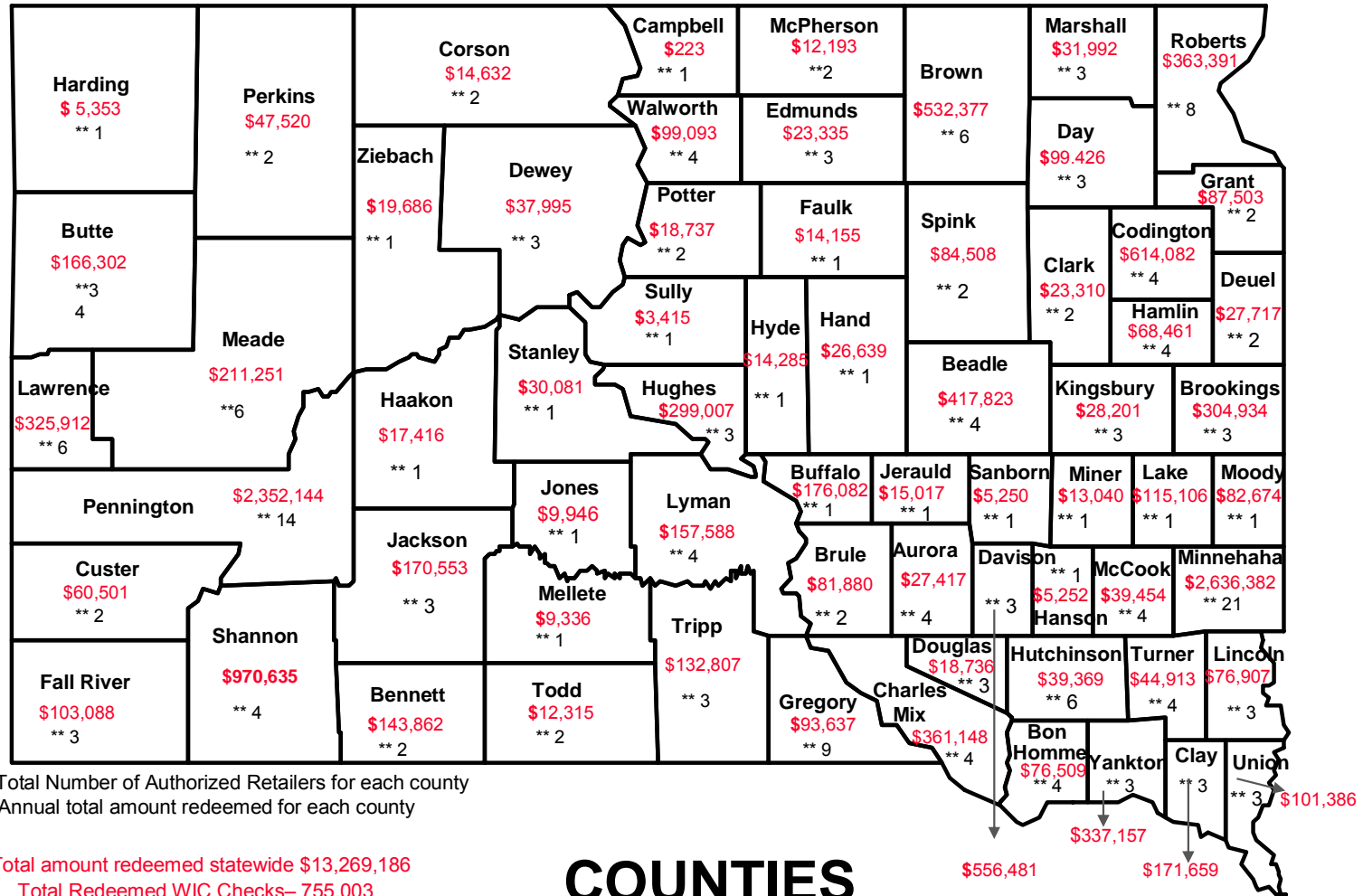
Racial and Ethnic Characteristics of Children



SD WIC Program Average Monthly Participation and Number of Retailers FFY2008



SD WIC Program Annual Redeemed Amounts and Number of Authorized Retailers FFY2008



FOOD PACKAGES

Food Packages are individually prescribed to WIC participants based on nutrient needs identified by the Health Professional.

WIC eligible foods are high in protein, iron, calcium and vitamins A & C to supplement the diet. The WIC foods do not provide all of the foods a WIC participant needs in a month. The foods are intended to supplement the foods normally purchased by participants through other means.

WIC Eligible Foods

Cereal
Milk
Juice
Cheese
Eggs
Peanut Butter
Dried Beans/Peas
Infant Formula
Infant Cereal
Infant Juice

Enhanced Breastfeeding Women

Tuna
Carrots

Homeless Participants

Canned Beans or Peas
Single Strength Juice

WIC participants must come to the Local Agency to receive nutrition education and WIC checks. Generally they receive checks for a two month period unless determined to be high risk or in need of special attention due to dietary risks.

WIC participants may then take the checks to any authorized WIC retailer in the State to cash the checks for the prescribed foods. No cash is transferred between the WIC participant and the WIC retailer.

GENERAL FOOD PACKAGES AND COST Federal Fiscal Year 2008

In Fiscal Year 2008 many cost containment measures were put into place due to increasing participation and food inflation. These measures were put into place to assure that WIC could continue to provide services to all individuals that are eligible to receive WIC services. These measures did affect the food package costs and included reducing the amount of cheese that is issued to only participants that have a medically documented need for cheese and peanut butter was no longer offered to any participants except enhanced breastfeeding mothers as required by federal regulation.

Women					
Pregnant or Basic Breastfeeding		Enhanced Breastfeeding		Postpartum (Not Breastfeeding)	
Food	Amount	Food	Amount	Food	Amount
Milk	24 qts.	Milk	24 qts.	Milk	24 qts.
Cheese	1 lb.	Cheese	1 lb.	Eggs	1 dozen
Eggs	2 dozen	Eggs	2 dozen	Cereal	36 oz.
Cereal	36 oz.	Cereal	36 oz.	Juice-Frozen	36 oz.
Juice – Frozen	60 oz.	Juice - Frozen	60 oz.		
Peanut Butter	18 oz.	Peanut Butter	18 oz.		
		Dry Peas/Beans	1 lb.		
		Tuna Fish	26 oz.		
		Carrots	2 lbs.		
Total	54.32	Total	65.98	Total	42.02
Based on average prices from Retailer's food price list (July 2008)		Based on average prices from Retailer's food price list (July 2008)		Based on average prices from Retailer's food price list (July 2008)	

Infant		Child 1-2 Years of Age		Child 3-4 Years of Age	
Food	Amount	Food	Amount	Food	Amount
Infant Formula (powder)	9 cans	Milk	16qts.	Milk	20 qts.
Infant Cereal	16 oz.	Cheese	1 lb.	Cheese	1 pound
Infant Juice	12 – 4oz. bottles	Eggs	2 dozen	Eggs	2 dozen
		Cereal	36 oz.	Cereal	36 oz.
		Juice - Frozen	36 oz.	Juice - Frozen	36 oz.
		Dry Peas/Beans	1 lb.	Peanut Butter	18 oz.
Total	154.59	Total	41.26	Total	45.80
Based on average prices from Retailer's food price list (July 2008)		Based on average prices from Retailer's food price list (July 2008)		Based on average prices from Retailer's food price list (July 2008)	

Infants do not receive juice prior to 7 months of age.
Children 13-35 months may only receive dried peas/beans.

APPROXIMATE QUANTITIES OF WIC FOOD PURCHASED

October 01, 2007 – September 30, 2008

Food Item	Number of Units	Unit Size
Fluid Milk	711,182	Gallons
Evaporated Milk	964	12-oz. cans
Dry Milk	472	Quarts
Buttermilk	408	Quarts
Goat Milk	2,010	Quarts
Lactose-Reduced Milk	41,000	Quarts
Acidophilus Milk	202	Quarts
Cheese	164,197	Pounds
Eggs	304,884	Dozen
Cereal	310,311	Boxes or Polybags
Frozen Juice	523,839	12 oz. cans
Canned Juice	14,374	46 oz. cans
Peanut Butter	6,581	18 oz jars
Dried Peas/Beans	111,787	Pounds
Tuna	20,089	6.5 oz cans
Carrots	10,324	Pounds
Infant Formula		
Liquid Concentrate	18,147	13 oz cans
Powdered	477,865	12, 12.8, 12.9, 14, 14.1, 14.3 or 16 oz. cans
Ready to Feed	73,214	32 oz. and 8 and 8.45 oz containers
Infant Juice	309,940	4-oz. bottles
Infant Cereal	487,024	8 oz boxes

ANNUAL WIC PARTICIPANT SURVEY RESULTS

December 2007/January 2008

WIC completes an annual WIC Participant Survey to collect and use data to provide better services to the participants served on the program. Each year we try to ask questions about the supplemental foods, nutrition education, breastfeeding, and customer service. Some years we coordinate with the Office of Health Promotion and add questions related to their focus areas such as tobacco use or dental care. The following are the questions and results of the FFY2008 survey.

Total number participants surveyed: 4392

1. Do you have access to the internet in your home?

Yes: 2278 No: 2083

2. Do you use e-mail?

Yes: 2809 No: 1542

3. When you need an appointment with the WIC Program, is it easy to get one?

Yes: 4038 No: 286

4. Has the WIC Program ever referred you to another assistance program?

Yes: 1677 No: 2615

5. Within two to six months after being certified for WIC, you are asked to come in for nutrition counseling. Please check the response that applies to you:

a) I always come in for nutrition	2718
b) I come in when I can for nutrition	1310
c) I have never come in for nutrition	199
d) I have never been offered nutrition counseling	84

6. Are you purchasing, using all the WIC foods provided to you every month on your WIC checks?

Yes: 3493 No: 847

If no, please check the foods you are not purchasing/using:

a) Eggs:	148
b) Cheese:	137
c) Juice:	192
d) Cereal:	237
e) Peanut Butter:	110
f) Dried Peas/Beans:	939

7. Do you look at food prices when you use your WIC checks?

Yes: 3493 No: 847

8. Do you use coupons when you purchase WIC foods?

Yes: 682

No: 3638

9. Were you encouraged to breastfeed by the WIC the WIC Program?

Yes: 3116

No: 326

Does Not Apply: 846

10. What could the WIC Program provide to you to help your child(ren) maintain or move forward a healthy weight?

Ideas for physical 1003

Child nutrition 1245

Recipes 1719

Shopping & cooking 996

Tips healthy snacks & 1816

I have never been offered nutrition 84

Tips to deal with picky 1493

11. On a scale of 1 to 5, how would you rate the WIC services you receive: 5 being excellent

1 16

2 21

3 172

4 852

5 3284